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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 14194US02

First Inventor Christopher R. Pasqualino

Title METHOD AND SYSTEM FOR GENERATING HIGH DEFINITION MULTIMEDIA INTERFACE (HDMI) CODEWORDS USING A TMDS ENCODER/DECODER

Express Mail Label No. EV 331534065 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 24] (preferred arrangement set forth below) <ul style="list-style-type: none"> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (<i>if filed</i>) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4] 5. Oath or Declaration [Total Pages] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	7. <input type="checkbox"/> CD-Rom or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS

9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.:

Prior application information:

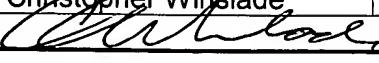
Examiner:

Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number	23446	or <input type="checkbox"/> Correspondence address below
Name Christopher Winslade Address McAndrews, Held & Malloy City 500 West Madison, Suite 3400 Country USA State IL Zip Code 60661 Telephone (312) 775-8000 Fax (312) 775-8100		

Name (Print/type)	Christopher Winslade	Registration No. (Attorney/Agent)	36,308
Signature			
	Date: July 24, 2003		



14230 U.S. PTO
07/24/03

PTO/SB/17 (11-00)

Approved for use through 10/31/2002, OMB 0651-0032
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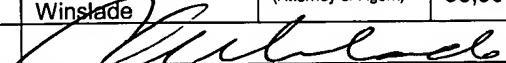
FEE TRANSMITTAL for FY 2003

Patent Fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT	(\$930.00)
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Complaint if Known	
Application Number	14194US02
Filing Date	Herewith
First Named Inventor	Christopher R. Pasqualino
Examiner Name	Unassigned
Group Art Unit	Unassigned
Attorney Docket No.	14194US02

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Deposit Account Number</td> <td colspan="3">13-0017</td> </tr> <tr> <td style="text-align: center;">Deposit Account Name</td> <td colspan="3">McAndrews, Held & Malloy</td> </tr> </table> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				Deposit Account Number	13-0017			Deposit Account Name	McAndrews, Held & Malloy			<p>3. 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1204	84	2204	42	**Reissue independent claims over original patent																																																																																																																																																																																																																																																																																
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																																																																
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SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Christopher Winslade	Registration No. (Attorney or Agent)	36,308	Telephone	(312) 775-8000	
Signature				Date	July 24, 2003	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.